

Instructions: This form is used by the Human Resource Office to report Family Medical Leave of Absence (FMLA) to the Employee Benefits Division for the collection of the employee's share of the insurance premiums for dental and vision. The LTD rider will pay the health premium. If there is no LTD rider, please include the health. Please FAX this form to the Employee Benefits Division at (517) 373-3174 as soon as possible.

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